

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM:** Elder Abuse Advocacy & Outreach

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** EA09100420      **DATE OF SITE VISIT:** 07/14/2010
2. **GRANT PERIOD:** 10/01/2009 - 09/30/2010
3. **RECIPIENT/IMPLEMENTING AGENCY:**  
County of Santa Barbara District Attorney's Office
4. **PROJECT DIRECTOR:**  
Joyce Dudley (just elected)

**PERSONS INTERVIEWED DURING SITE VISIT:**

| <u>NAME</u>               | <u>TITLE</u>                | <u>AGENCY</u>            |
|---------------------------|-----------------------------|--------------------------|
| <u>Megan Rheinschild</u>  | <u>Program Director</u>     | <u>DA's Office, V.W.</u> |
| <u>Jennifer Marttinen</u> | <u>Dir. Admin. Services</u> | <u>DA's Office, VW</u>   |
| <u>JoAnn Slattery</u>     | <u>Business Manager</u>     | <u>DA's Office, V.W.</u> |
| <u>Lourdes Negrete</u>    | <u>V/W Advocate (RV,VS)</u> | <u>DA's Office, V.W.</u> |
| <u>Lorrie LeSage</u>      | <u>V/W Advocate (EA)</u>    | <u>DA's Office, V.W.</u> |
| <u> </u>                  | <u> </u>                    | <u> </u>                 |

   
Signature of Program Specialist

09/02/10  
Date

   
Signature of Section Chief

9/3/10  
Date

   
Signature of Project Representative

   
Date

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES NO N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:  |                          |                          |                                     |
| ○ Bonding company's name  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond number   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Description of coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond period   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Grant award number  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form A, Employee Dishonesty   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form B, Forgery Coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

YES NO N/A

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

☒ ☐ ☐

Comments:

the EA and VW Programs are automatically approved on an annual basis and are approved as a much larger package and not handled individually

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

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Comments:

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

☒ ☐ ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]

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- Do the personnel policies include:

- Work hours
- Compensation rates including overtime and benefits
- Vacation, sick, and other leave allowances
- Hiring and promotional policies

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☒ ☐ ☐  
☒ ☐ ☐  
☒ ☐ ☐



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
  - Job application ☒ ☐ ☐
  - Resume ☒ ☐ ☐
  - Performance evaluations ☒ ☐ ☐
  - Salary rates ☒ ☐ ☐
  - Benefits ☒ ☐ ☐
  - Current job duties/descriptions ☒ ☐ ☐
  - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

timesheets are electronically signed

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
  - Name of individual who approves purchases.  
JoAnn Slattery
  - Name of individual who writes checks.  
County Auditor's Office
  - Name of individual(s) who signs checks.  
Auditor

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal /R. H. Section 110001

YES    NO    N/A

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

☒    ☐    ☐  
  
☐    ☐    ☒

Comments:

Codes for each program

#### 11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

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☒    ☐    ☐  
☒    ☐    ☐  
☒    ☐    ☐

Comments:

#### 12. MATCH REQUIREMENTS

- Does the project have a match requirement?
- Is the project meeting the match requirement?
- Review the supporting documentation to substantiate cash or in-kind match.

☒    ☐    ☐  
☒    ☐    ☐  
☒    ☐    ☐

Comments:

#### 13. EEO POLICY

- Go over EEO checklist. (Separate document)

☒    ☐    ☐

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

#### 14. PROGRAM GOALS AND OBJECTIVES

YES   NO   N/A

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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Comments:

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

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Comments:

Damion system.

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒   ☐   ☐

Comments:

will update for VW Program

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒   ☐   ☐

Comments:



**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

| Checklist Items   | Yes                                 | No                                  | Comments  |
|---|-------------------------------------|-------------------------------------|---|
| <b>SUPPLEMENTAL PROGRAMMATIC REVIEW</b>   | <b>EA09100420</b>                   |                                     |   |
| <b>1. MANDATORY SERVICES</b>  |                                     |                                     |   |
| <b>a. Crisis Intervention</b>   |                                     |                                     |   |
| (1) Provide in person/telephone contacts  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) Provide crisis intervention and arrange for needed services                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| <b>b. Emergency Assistance</b>  |                                     |                                     |   |
| (1) Arrange emergency assistance within the first 24 hours after initial contact              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) Written procedures in place for disbursing funds  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (3) OA(s) on file with service providers (i.e. shelters)                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| <b>c. Resource and Referral Assistance</b>  |                                     |                                     |   |
| (1) Provide non-emergency referrals   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) OA(s) on file with service providers  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| <b>d. Direct Counseling</b>   |                                     |                                     |   |
| (1) Provide in person or telephone guidance and/or emotional support                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) If counseling is provided, it is at a level that does not require a licensed professional | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (3) If counseling is referred, OA(s) on file with service providers                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Refer out, have database where services are tailored for individual victims |
| <b>e. Victims of Crime Claims</b>   |                                     |                                     |   |
| (1) Assist clients in preparing applications for compensation                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) Advocate is aware their role does not include determination of eligibility                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (3) Is a joint Powers unit locally located  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| <b>f. Property Return</b>   |                                     |                                     |   |
| (1) Assist in the return of property held as evidence   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) If property cannot be returned, an explanation is provided                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
|   |                                     |                                     |   |
|   |                                     |                                     |   |

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| Checklist Items   | Yes                                 | No                       | Comments                   |
|---|-------------------------------------|--------------------------|----------------------------|
| <b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>   |                                     |                          |                            |
| <b>1. MANDATORY SERVICES (Continued)</b>  |                                     |                          |                            |
| <b>g. Orientation to the Criminal Justice System</b>  |                                     |                          |                            |
| (1) Provide information on the location, procedures, and functions of local criminal justice agencies | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| (2) Written material/brochures are available in languages appropriate to local ethnic needs           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| <b>h. Court Escort</b>  |                                     |                          |                            |
| (1) Provide physical accompaniment during court appearances   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| (2) Provide physical accompaniment during interviews with law enforcement and prosecution             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| <b>i. Presentations and Training for Criminal Justice Agencies</b>                                    |                                     |                          |                            |
| (1) Conduct informational presentations regarding resources available through V/W Centers             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | For EA and VW programs     |
| (2) Conduct informational presentations explaining the rights and needs of victims                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| <b>j. Public Presentations and Publicity</b>  |                                     |                          |                            |
| (1) Promote public awareness of V/W services through public media                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| (2) Conduct presentations to victim service organizations and community groups                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| (3) Participate in Victims' Rights Week   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Public media presentations |
| <b>k. Case Status/Case Disposition</b>  |                                     |                          |                            |
| (1) Advise victim of the progress and disposition of case   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| (2) Assist victim with preparing Victim Impact Statements   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |
| <b>l. Notification of Family/Friends</b>  |                                     |                          |                            |
| (1) Notify victim's relatives and/or friends of the occurrence of the crime                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upon request               |
| <b>m. Employer Notification</b>   |                                     |                          |                            |
| (1) Notify employer that client was a victim/witness to a crime                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upon request               |
| (2) Encourage employer to minimize any loss of pay or other benefits                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                            |



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| Checklist Items  | Yes                                 | No                                  | Comments  |
|--|-------------------------------------|-------------------------------------|---|
| <b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>  |                                     |                                     |   |
| <b>1. MANDATORY SERVICES (Continued)</b>   |                                     |                                     |   |
| <b>n. Restitution</b>  |                                     |                                     |   |
| (1) Assist in obtaining restitution  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Both Victim/Witness and Restitution Specialist                          |
| (2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| <b>2. OPTIONAL SERVICES</b>  |                                     |                                     |   |
| (1) Employer Intervention  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) Creditor Intervention  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | As requested  |
| (3) Child Care Assistance  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Sometimes   |
| (4) Witness Notification   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Witness coordinator is in the office                                    |
| (5) Funeral Arrangements   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Sometimes   |
| (6) Crime Prevention Information   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (7) Witness Protection   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Name change assistance, Secretary of State Confidential Address Program |
| (8) Temporary Restraining Order (TRO) Assistance   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Refer to legal aide or resource center                                  |
| (9) Transportation Assistance  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Easy Lift, or other transportation                                      |
| (10) Court Waiting Area  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | In V/W office + child's waiting room                                    |
| <b>3. AGENCY ORGANIZATION</b>  |                                     |                                     |   |
| <b>a. Facility</b>   |                                     |                                     |   |
| (1) V/W Center is open during normal business hours  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (2) Waiting Room   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (3) Private Interview Room   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | In office space, private room   |
| <b>b. Personnel &amp; Organization</b>   |                                     |                                     |   |
| (1) Reporting lines of Authority are consistent with the Project Contact Information form  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Will need update for new D.A.   |
| (2) Authorization for additional signature authority is current  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| (3) Evidence of completion of 40 hour Entry-Level Training   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Central file in Megan's office  |
| <b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>  |                                     |                                     |   |

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**b. Personnel & Organization (Continued)**

(4) Evidence of completion of Advance Training, if applicable

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(5) Evidence of completion of Coordinator's Training, if applicable

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(6) Volunteers utilized as required

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**Additional Comments / Notes:**

**Objective #1 – Mandatory Services (see page 1 of checklist) Elder Abuse Advocacy & Outreach**

**Objective #2**

During the grant year, increase the number of identified elder abuse victims as measured by the number of new victims and new cases.

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**Objective #3**

During the grant year, conduct awareness training sessions for direct service providers of elder abuse.

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**Objective #4**

During the grant year, conduct presentations to potential elder victims to enhance victim awareness.

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**Objective #5**

During the grant year, provide referrals to agencies serving elder abuse victims.

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**Objective #6**

During the grant year, conduct a minimum of 12 local meetings of the operational participants in the (original) RFP.

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**Additional Comments / Notes:**